

PREVAILED

Roll Call No. _____

FAILED

Ayes _____

WITHDRAWN

Noes _____

RULED OUT OF ORDER

HOUSE MOTION _____

MR. SPEAKER:

I move that Engrossed Senate Bill 266 be amended to read as follows:

- 1 Delete the title and insert the following:
- 2 A BILL FOR AN ACT to amend the Indiana Code concerning
- 3 health and human services.
- 4 Page 1, between the enacting clause and line 1, begin a new
- 5 paragraph and insert:
- 6 "SECTION 1. IC 2-5-23-21 IS ADDED TO THE INDIANA CODE
- 7 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE
- 8 JULY 1, 2006]: **Sec. 21. Not more than thirty (30) days after a**
- 9 **change to the state Medicaid plan for the Medicaid program, the**
- 10 **office of Medicaid policy and planning shall submit a report of the**
- 11 **change to the commission and the legislative council in an**
- 12 **electronic format under IC 5-14-6.**
- 13 SECTION 2. IC 12-15-15-2.7 IS ADDED TO THE INDIANA
- 14 CODE AS A NEW SECTION TO READ AS FOLLOWS
- 15 [EFFECTIVE JULY 1, 2006]: **Sec. 2.7. (a) If approved by the office,**
- 16 **a managed care organization may adopt a plan for the collection of**
- 17 **a copayment for services that are provided to a Medicaid recipient**
- 18 **in an emergency room.**
- 19 **(b) Each managed care organization must adopt a plan that**
- 20 **includes the following components:**
- 21 **(1) The education of Medicaid recipients concerning how a**
- 22 **recipient may access health care services and modifications to**
- 23 **the recipient's health plan.**
- 24 **(2) Procedures to track visits to emergency rooms by Medicaid**
- 25 **recipients.**

1 **(3) Alternative sites for Medicaid recipients to receive health**
 2 **care services.**

3 **(4) Methods to clearly identify a Medicaid recipient's current**
 4 **status to a provider who is not a member of the recipient's**
 5 **managed care organization.**

6 **(5) Procedures to pay for professional services provided to**
 7 **screen a Medicaid recipient who seeks services in an**
 8 **emergency room.**

9 **(6) Protocols for dispute resolution between the managed care**
 10 **organization and providers."**

11 Page 4, after line 11, begin a new paragraph and insert:

12 **"SECTION 5. [EFFECTIVE JULY 1, 2006] (a) The office of**
 13 **Medicaid policy and planning shall do the following:**

14 **(1) Study possible changes to the state Medicaid program or**
 15 **other new programs that would limit or restrict a future**
 16 **increase in the number of Medicaid recipients in health**
 17 **facilities licensed under IC 16-28.**

18 **(2) Prepare a comprehensive cost comparison of Medicaid and**
 19 **Medicaid waiver services and other expenditures in the**
 20 **following settings:**

21 **(A) Home care.**

22 **(B) Community care.**

23 **(C) Health facilities.**

24 **The cost comparison must include a comparison of similar**
 25 **services that are provided in the different settings.**

26 **(b) Before October 1, 2006, the office of Medicaid policy and**
 27 **planning shall report its findings under subsection (a) to the select**
 28 **joint commission on Medicaid oversight established by IC 2-5-26-3.**

29 **(c) This SECTION expires January 1, 2007."**

30 Renumber all SECTIONS consecutively.

(Reference is to ESB 266 as printed February 24, 2006.)

Representative Brown T